

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="text-align: right;"> SERIAL NO. 16/022870 FILING DATE _____ APPLICANT(S) _____ </div> </div>											
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
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41							91				
42							92				
43							93				
44							94				
45											
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				